

PRINTER RUSH

(PTO ASSISTANCE)

Application : 09/144313 Examiner : Escalante GAU : 2645
From : ewc Location : IDC FMF FDC Date : 3-9-06
Tracking # : epm 09144313 Week Date : 2-6-06

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input checked="" type="checkbox"/> OATH	<u>12-21-99</u>	
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE:

① There is no signed oath in file.

Thank you

[XRUSH] RESPONSE:

See misc comm

D J

INITIALS: DD

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

**FENWICK & WEST LLP**

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Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: April 3, 2006

CLIENT-MATTER NO.: 18279-05700

To:

NAME	FAX NO.	PHONE NO.
Rori Burch Publishing Division USPTO	703-308-6642	

FROM: Dorian Cartwright

PHONE: (650) 335-7247

NUMBER OF PAGES WITH COVER PAGE: 8	ORIGINAL WILL NOT FOLLOW
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MESSAGE:

RE: U.S. Patent Application No.: 09/144,313

CAUTION - CONFIDENTIAL

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18279/05700/DOCS/1611661.1

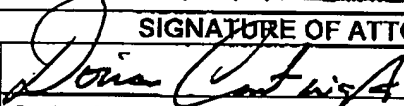
PTO/SB/21 (modified)

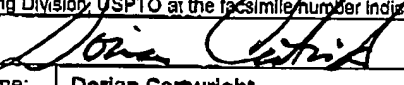
Approved for use through xx/xx/xx, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0001/PTO Rev. 10/95 TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/144,313	
		Filing Date	August 31, 1998	
		First Named Inventor	Jay L. Gainsboro	
		Group Art Unit Number	2645	
		Examiner Name	Gerald Gauthier	
Total Number of Pages in This Submission		7	Attorney Docket Number	18279-05700

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Response to Notice to File Corrected Application Papers	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> A copy of the Notice to File Corrected Application Papers
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Dorian Cartwright, Reg. No.: #83,853	Dated: 4/3/06

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Rori Burch, Publishing Division, USPTO at the facsimile number indicated below.		
Signature:		
Typed or Printed Name:	Dorian Cartwright	Dated: 4/3/06
Facsimile Number:	1-703-308-6642	

PATENT**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

APPLICANTS: Jay L. Gainsboro *et al.*
SERIAL NO.: 09/144,313
FILING DATE: August 31, 1998
TITLE: COMPUTER-BASED METHOD AND APPARATUS FOR CONTROLLING,
MONITORING, RECORDING AND REPORTING TELEPHONE ACCESS
EXAMINER: Gerald Gauthier
GROUP ART UNIT: 2645
ATTY. DKT. NO.: 18279-05700 (600-015)

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Rori Burch, Publishing Division at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Dorian Cartwright, Reg. No. 53,583	Dated:	4/3/06
Facsimile Number:	1-703-308-6642		

Rori Burch, Publishing Division
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

RESPONSE TO NOTICE TO FILE CORRECTED APPLICATION PAPERS

SIR:

Responsive to the Notice to File Corrected Application Papers dated March 20, 2006,
received in the above-identified patent application,

☒ Enclosed are:

- ☒ a copy of the Notice to file Corrected Application Papers;
- ☒ an executed Declaration.

PATENT

Please note that the executed declaration was originally filed on December 17, 1999 in response to a notice of missing parts.

RESPECTFULLY SUBMITTED,
Jay L. Gainsboro *et al.*

Date: _____

4/3/06

By: _____

Dorian Cartwright

Dorian Cartwright
Registration No. 53,853
FENWICK & WEST LLP
801 California Street
Mountain View, CA 94041
Phone: (650) 335-7247
Fax: (650) 938-5200

**DECLARATION
AND POWER OF ATTORNEY**

COPY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled **COMPUTER-BASED METHOD AND APPARATUS FOR CONTROLLING, MONITORING, RECORDING AND REPORTING TELEPHONE ACCESS**,

☐ which is attached hereto ☒ which is identified as Application Serial No. 09/144,313, filed August 31, 1998.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119/172
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED
08/904,784	August 10, 1998		X	
08/904,784	August 1, 1997		X	
08/510,327	August 2, 1995	X		
08/229,517	April 19, 1994			X

POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is Ward & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: WARD & OLIVO
708 THIRD AVENUE
NEW YORK, NEW YORK 10017

DIRECT TELEPHONE CALLS TO:
WARD & OLIVO
(212) 697-6262

2 0 1	FULL NAME OF INVENTOR	LAST NAME GAINSBORO	FIRST NAME JAY	MIDDLE NAME L.
	RESIDENCE & CITIZENSHIP	CITY FRAMINGHAM	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5 BANCROFT CIRCLE	CITY FRAMINGHAM	STATE OR COUNTRY MA ZIP CODE 01701
2 0 2	FULL NAME OF INVENTOR	LAST NAME MARGOSIAN	FIRST NAME CHARLES	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY WAYLAND	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 6 BROOKS ROAD	CITY WAYLAND	STATE OR COUNTRY MA ZIP CODE 01778
2 0 3	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
2 0 4	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
2 0 5	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
2 0 6	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>[Signature]</i>	SIGNATURE OF INVENTOR 202 <i>[Signature]</i>	SIGNATURE OF INVENTOR 203
DATE 12/1/99	DATE November 22, 1999	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

**UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Serial Number
09144313

Date Mailed
3/20/06

NOTICE TO FILE CORRECTED APPLICATION PAPERS***Notice of Allowance Mailed***

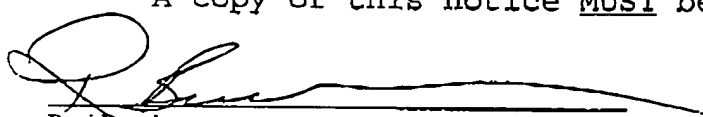
This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 30 days from the mail date of this Notice within which to correct the informalities indicated below. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136 (a) or (b).

- ♦ Oath/declaration/ADS is missing the signatures for the inventors.
- ♦ 2nd inventor Chuck Margosian address is missing from the oath/declaration/ADS. Fax missing information to number below or e-mail PDF.
- For status updates visit <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR System, contact the Electronic Business Center (EBC) toll free at 866-217-9197.

APPLICANT MUST SUPPLY MISSING INFORMATION WITHIN 30 DAYS OF THE MAIL DATE OF THIS NOTICE.

A copy of this notice MUST be returned with the reply.



Rori Burch
USPTO
Publishing Division
Rori.burch@uspto.gov
Fax (703) 308-6642
703-305-0333 ext.135 (V)

END CORRESPONDENCE TO:

WARREN OLIVO

708 TOWN STREET
NEW YORK, NEW YORK 10017

DIRECT TELEPHONE CALLS TO:

WARREN & OLIVO
(212) 497-6262

201	FULL NAME OF INVENTOR	LAST NAME GAINSBORO	FIRST NAME JAY	MIDDLE NAME L.
	RESIDENCE & CITIZENSHIP	CITY FRAMINGHAM	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5 BANCROFT CIRCLE	CITY FRAMINGHAM	STATE OR COUNTRY MA ZIP CODE 01701
202	FULL NAME OF INVENTOR	LAST NAME MARGOSIAN	FIRST NAME CHUCK	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
204	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
205	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
206	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE